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01 F	K & L Gates LLP 3580 Carmel Mour Suite 200 San Diego, CA 921 9/2009 RMEBRAH1 0000	130 0104 021818 10712456 DA			"Express I I hereby c States Pos under 37 (Mail Stop	Certificate of Mail" Mail" Mailing Label ertify that this paper tal "Express Mail PCFR §1.10 on the da Issue Fee Commiss k Office, P.O. Box 1	Number EM 3 r is being deposi ost Office to Ad ate indicated abo- tioner for Patent 450, Alexandria	ted with the didressee" Sove and is s, U.S. Pa a, VA, 223	HUS he United Service addressed to: tent and		
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US E	C:8004 LICATION 148.00				ED INVENTOR		NEY DOCKET NO.	CONFIL	RMATION NO. 9300		
	10/712,456 11/12/2003 Lawrence C. Hamann 3800024.00560 / 4207 TITLE OF INVENTION: OPEN CHAIN PROLYL UREA-RELATED MODULATORS OF ANDROGEN RECEPTOR FUNCTION							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
[APPLN. TYPE	SMALL ENTITY	ISSUE FE	E PUI	BLICATION FEE	PREV. PAID ISSUE I	FEE TOTAL FE	EE(S) DUE	DATE DUE		
٠	NONPROVISIONAL	NO	\$1510		\$300	\$0	\$1,81	0	10/07/2009		
[EXAMINER				ASS-SUBCLASS	_					
	BALASUBRAMANIAN, VENKATARAMAN		1624	1624 514-4		<u> </u>					
•	1. Change of corresponden (37 CFR 1.363).] Change of correspondence Address indicent of the proof of the	tion form	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. K & L Gates LLP 2. Stephanie Seidman 3. Frank J. Miskiel				<u>.</u>				
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	Bristol-Myers Squibb Company				Princeton, New Jersey						
	Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] govern										
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	5. Change in Entity Status (from status indicated above) [].a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7. []b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.2.7.(g)(2).										
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•	(Authorized Signature)					ctober 07, 2009					
	Typed or Printed Name	Stephanie Seidman			Registration N	0 33 779					

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APPLICATION NO.	FILING DATE		FIRST NAME	DINVENTOR	OCKET NO. CONFIR	. CONFIRMATION NO.						
10/712,456	11/12/2003		Lawrence (C. Hamann	3800024.005	660 / 4207	9300					
TITLE OF INVENTION: O	PEN CHAIN PROLYL URE	A-RELATED N	10DULATOR	S OF ANDROGI	EN RECEPTOR FUNCTION							
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EXAM	INER	ART UNIT	CLAS	S-SUBCLASS]							
BALASUBRAMANIAN	I, VENKATARAMAN	1624		14-428000								
(37 CFR 1.363). [] Change of correspond Correspondence Address [] "Fee Address" indicate PTO/SB/47; Rev 03-02 of the control of the contr	e address or indication of "Fe dence address (or Change of form PTO/SB/122) attached. tion (or "Fee Address" Indica r more recent) attached. Use	tion form	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. K&L Gates LLP 2. Stephanie Seidman 3. Frank J. Miskiel									
Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) Bristol-Myers Squibb Company Princeton, New Jersey												
Please check the appropriate	assignee category or categor	ies (will not be	printed on the	patent): [] ir	ndividual [X] corporation or	r other private group entity	y [] governm					
4a. The following fee(s) are [X] Issue Fee [X] Publication Fee (No s [X] Advance Order - # of	mall entity discount permitte	d) —	4b. Payment of Fee(s): [] A check in the amount of(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number									
	(from status indicated above) AALL ENTITY status. See 3		[]b. App	olicant is no longe	er claiming SMALL ENTITY	status. See 37 CFR 1.2.7	7.(g)(2).					
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(Authorized Signature)				(Date) Oc	Date) October 07, 2009							
	tephanie Seidman			Registration No. 33,779								
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